

1.) CORPORATION NAME:

DUE DATE: **12/31/2012****Gray Lumber Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01146042****RUSSELL T AARONSON III****GRAYCO INC****5004 MONUMENT AVE STE 200**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	1,000,000
COMBNV	1,000,000

**RICHMOND, VA 23230**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 85  
328 FOREST LANE

CITY/ST/ZIP: WAVERLY, VA 23890

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GARLAND GRAY II  
TITLE: PRESIDENT  
ADDRESS: P.O. BOX 85  
CITY/ST/ZIP/CO: WAVERLY, VA 23890☒

OFFICER

☒

DIRECTOR

NAME: BRUCE B GRAY  
TITLE: VICE PRESIDENT  
ADDRESS: P.O. BOX 85  
CITY/ST/ZIP/CO: WAVERLY, VA 23890☒

OFFICER

☒

DIRECTOR

NAME: LAWRENCE L GRAY  
TITLE: VICE PRESIDENT  
ADDRESS: 5004 MONUMENT AVE  
SUITE 200  
CITY/ST/ZIP/CO: RICHMOND, VA 23230☒

OFFICER

☒

DIRECTOR

NAME: RUSSELL T AARONSON III  
TITLE: VICE PRESIDENT  
ADDRESS: 5004 MONUMENT AVE  
SUITE 200  
CITY/ST/ZIP/CO: RICHMOND, VA 23230☒

OFFICER

☐

DIRECTOR

NAME: PAUL H SHEEHY  
TITLE: VICE PRESIDENT  
ADDRESS: 5004 MONUMENT AVE  
SUITE 200  
CITY/ST/ZIP/CO: RICHMOND, VA 23230☒

OFFICER

☐

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B WILLIS VICE PRESIDENT 5004 MONUMENT AVE SUITE 200 RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY D BURTON SECRETARY 5004 MONUMENT AVE SUITE 200 RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS F FARRELL DIRECTOR 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HORACE A GRAY, III DIRECTOR 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALLACE STETTINIUS DIRECTOR 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. GRAY STETTINIUS DIRECTOR 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS H TULLIDGE, JR. DIRECTOR 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KELLY D BURTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KELLY D BURTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/3/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			